

**Tucson Counseling Associates, LLC**

**Counseling and Financial Agreement**

Thank you for choosing Tucson Counseling Associates as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of Tucson Counseling Associates' Financial Policy, which you must read, agree to, complete in its entirety and sign prior to any treatment.

Each appointment is scheduled for 50 or 80 minutes. A 50 minute session is at a rate of \$100.00-120.00 and an 80 minute session are at a rate of \$150.00-180.00 unless otherwise negotiated. Appointment failures or late cancellations (less than 24 hours in advance) may result in a one-half charge the first time and a full charge (\$100.00 for 50 min and \$150.00 for 80 min) a second time and thereafter. Invoices will be emailed to you with a link to pay for the missed appointment.

Payment is required by the conclusion of each session. You may request a receipt or superbill for you to submit to your insurance for reimbursement. Tucson Counseling Associates requests you provide a valid credit card number in the event invoices become delinquent (30 days past due date of invoice). If you do not have a credit card, other arrangements can be made.

Credit Card Number# \_\_\_\_\_

3 digit code (on back)\_\_\_\_\_ exp date: \_\_\_\_\_ Zip: \_\_\_\_\_

My signature below indicates that I have read and understand the above policies and agree to accept responsibility for the charges that I incur to my insurance company or credit card company in the event I become delinquent in paying invoices.

Client or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_